



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-5

James G. Davis, M.D., Treasurer
Political Action Committee of the American
Association of Orthopaedic Surgeons
317 Massachusetts Avenue, N.E.
Washington, DC 20002

MAY 31 2002

Identification Number: C00343137

Reference: Year End (7/1/01-12/31/01) and April Quarterly (1/1/02-3/31/02)
Reports

Dear Mr. Davis:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses the receipt of funds from your connected organization (pertinent portion(s) attached). 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations. Under 11 CFR §114.5(b)(3), however, a separate segregated fund may be reimbursed for any solicitation or other administrative expense provided that the reimbursement is made no later than thirty days after the expense was paid by the separate segregated fund.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. Please provide further clarifying information regarding the date(s) on which the committee made payments for any solicitation or other administrative expenses.

To the extent that the reimbursement was made beyond thirty days after the expense was paid, you may have to make a refund. If within 30 days of receipt you (1) transferred the prohibited amount to an account not used to influence federal elections, and (2) provided written notice to your

connected organization of the option of receiving a refund, you may retain the contribution in an account not used to influence federal elections. Any request from your connected organization for a refund must be honored.

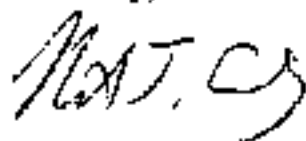
If the foregoing conditions for transfers to a non-federal account were not met within 30 days of receipt, the prohibited amount must be refunded. See 11 CFR 103.3(b)(1).

Please inform the Commission of your corrective action immediately in writing and provide a copy of your check for any transfer-out or refund. In addition, any transfer-out or refund made should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the date on which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to refund or transfer-out the amount will be taken into consideration.

Any amendment or clarification should be filed with the Federal Election Commission. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Nicholas T. Ebinger
Reports Analyst
Reports Analysis Division

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 20 / 46	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1191.44

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2001

Amount of Each Receipt this Period

410.31

Transaction ID: 1000000031220047

Full Name (Last, First, Middle Initial)
American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1227.40

Date of Receipt

M M / D D / Y Y Y Y
06 / 20 / 2001

Amount of Each Receipt this Period

35.98

Transaction ID: 1000000031210048

Full Name (Last, First, Middle Initial)
American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1257.40

Date of Receipt

M M / D D / Y Y Y Y
10 / 08 / 2001

Amount of Each Receipt this Period

30.00

Transaction ID: 1000000032410049

476.27

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 21 / 48	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
American Assoc of Ortho Surgeons

Mailing Address
6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

Name of Employer Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1345.41

Date of Receipt

M M / D D / Y Y Y Y
11 01 2001

Amount of Each Receipt this Period

88.01

Transaction ID: 10000000324200050

Full Name (Last, First, Middle Initial)
American Assoc of Ortho Surgeons

Mailing Address
6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

Name of Employer Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1512.63

Date of Receipt

M M / D D / Y Y Y Y
11 20 2001

Amount of Each Receipt this Period

187.22

Transaction ID: 10000000326200051

Full Name (Last, First, Middle Initial)
American Assoc of Ortho Surgeons

Mailing Address
6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

Name of Employer Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1559.91

Date of Receipt

M M / D D / Y Y Y Y
12 21 2001

Amount of Each Receipt this Period

47.28

Transaction ID: 10000000382400052

SUBTOTAL of Receipts This Page (optional)

302.51

TOTAL This Period (last page this line number only)

778.78

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54/74

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

State

Zip Code

Rosemont

IL

60018

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

454.14

Date of Receipt

M M / D D Y Y Y Y
02 22 2002

Amount of Each Receipt this Period

410.42

Transaction ID: 10000000365000147

Full Name (Last, First, Middle Initial)

American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

State

Zip Code

Rosemont

IL

60018

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

843.12

Date of Receipt

M M / D D Y Y Y Y
03 14 2002

Amount of Each Receipt this Period

388.98

Transaction ID: 10000000373400148

C.

SUBTOTAL of Receipts This Page (optional)

799.40

TOTAL This Period (last page this line number only)

799.40